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HEALTHY CITIES INDIA

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

USING DATA TO EFFECTIVELY MANAGE THE FAMILY PLANNING PROGRAM

PURPOSE

To help district officials in monitoring the performance of Family Planning (FP) strategies as per the Expected Level of Achievement (ELA) by analyzing relevant indicators and thus enabling timely corrective measures to meet the FP objectives of the district and the state.

AUDIENCE

1. Chief Medical Officers (CMO)
2. Nodal Officer- Urban Health and FP
3. Chief Medical Superintendent (CMS)
4. District Program Managers (DPM)
5. Assistant Research Officers (ARO)
6. Urban Health Coordinator, NUHM
7. Medical Officers In-charge of UPHCs

BACKGROUND

The Ministry of Health and Family Welfare's (MoHFW) routine Health Management Information System (HMIS) captures various data related to FP. In addition, the private sector reports FP data to the government via different mechanisms. However, there are issues in data management such as facilities not reporting on FP in the HMIS; incomplete reporting formats being filled; inconsistencies such as IUCD uptake being reported from facilities that have not received IUCD supplies etc. In addition, the available data is not routinely collated, fully analyzed or presented in a manner that can help the district level officials, managers, hospital administrators or providers in understanding the current performance or in taking programmatic decisions, based on the understanding of relationship between unmet need and available resources for FP across both government and private sector facilities. Only when the data is analyzed and discussed in review meetings, can it inform decisions for taking corrective measures and encourage good performance.

EVIDENCE OF THE EFFECTIVENESS

The Urban Health Initiative (UHI) experience showed that the use of data for program management could be a powerful and a low-cost means to improve access, quality of services, provider's motivation and accountability. FP performance improved when available data was analyzed routinely (presented through simple line graphs and bar charts) in CMO meetings and was utilized to inform progress of FP strategies against ELA over the given period. By reviewing and discussing the monthly program achievements and the trends over time, health officials were able to identify specific problems requiring attention and were able to take corrective actions including re-allocation of human and other resources to address these problems. Furthermore, the routine review of data in these meetings led to increased visibility, attention and priority was given to the FP program in general.

Specific examples from UHI are as follows:

1. Based on analysis of HMIS data, CMOs requested for increase in budgets to support the number of obstetricians in government hospitals having high delivery load.
2. No-Scalpel Vasectomy (NSV) surgeons were more enthusiastic when CMOs monitored their performance and recognized their contributions.
3. When CMOs used the available data to review the performance of community volunteers and rewarded their achievements (of increased coverage of households and number of new family planning users), their motivation levels increased leading to improvement in their performances overtime.

GUIDANCE ON IMPROVING THE URBAN SLUM POPULATION DATABASE

The key to effective data management leading to better program decision-making includes:

1. Determining the indicators that need to be captured, together with their source and frequency. For example, an indicator like the number of clients provided different FP methods
2. Clearly defining indicators (numerator and denominator), wherever necessary
3. Devising ELAs against which these indicators could be monitored
4. Identifying indicators that need to be monitored on a monthly, quarterly and annual basis. For example, HR and capacity building indicators may require six-monthly monitoring while number of clients given different FP methods should be reviewed monthly
5. Ensuring that the indicators are understood by all the staff
6. Providing appropriate training to the staff and to the analysts responsible for data management

IMPORTANT POINTS ON USE OF DATA

1. Key FP indicators should be reviewed and discussed in monthly review meetings by the CMO and concerned authorities
2. Line and bar graphs should be produced and displayed each month and also at the end of each year in the district health offices
3. Feedback including bar charts and graphs showing comparative performance and performance-over-time should be provided to all the facilities
4. Feedback and supportive supervision using data should be provided to individual staff from their supervisors at every level

USING DATA FOR FEEDBACK

While it is important for the district health teams, facility-in-charges, and ASHA supervisors to review the available data and reports and take corrective actions on the basis of identified gaps and weaknesses; it is equally important to communicate the gaps to the team in a positive manner so that it boosts their morale and yet provides direction for course correction. A simple way of doing this is to appreciate and acknowledge each person right in the beginning, followed by suggested improvement (including offering any support/ peer coaching that the person may require) instead of direct blaming, public shaming as it actually demotivates people.

TRAINING STAFF IN DATA USAGE

All the staff handling data should be informed and oriented on all the data forms, the definitions of key indicators and the basic analysis of the data and indicators. Annual training/ refresher training on data management should be considered and funds are made available through the Program Implementation Plan (PIP). Master trainers can be identified at the city level. Support can be taken from NGOs for this role.

ROLES AND RESPONSIBILITIES TOWARDS DATA USAGE FOR PROGRAM MANAGEMENT

CMO

1. Ensure that facilities report data on a regular and timely basis as per the defined data flow process
2. Ensure that all the staff responsible for data management has been appropriately trained, and if required, provide refresher training
3. Share the standard template for monthly reporting and reviewing key FP indicators at the district level (facility wise, method-wise and month-wise analysis)
4. Ensure provision of funds for review meetings and training of staff on data management is available in the PIP
5. Ensure usage of data during regular supportive supervision visits by nodal officers, Additional CMOs (ACMOs), DPMs, and District Community Program Managers (DCPMs) for supporting providers, Urban Health Coordinators and facilities towards improving the performance
6. Recognize high performers and give constructive feedback to others for programmatic improvement
7. Request private sector facilities to report data on agreed indicators on FP services which they provide

ARO/ DPM/ URBAN HEALTH COORDINATOR

1. Compile and consolidate monthly data received from the District Women's Hospital, UPHC and other facilities in the given template, while providing feedback around any data quality issues
2. Prepare a presentation (with line and bar graphs) for the District Health Society and other review meetings based on data, including data from private accredited facilities
3. Discuss the area-specific FP achievements in ASHA meetings at the UPHC level

CHIEF MEDICAL SUPERINTENDENT (CMS)/ NODAL OFFICER - URBAN HEALTH AND FP

1. Review the performance of providers on services provided in the facility (method-wise and month-wise)
2. Give constructive feedback to providers to rectify identified problems and support them to improve.

MEDICAL OFFICER IN-CHARGE (MOIC

1. Collect and collate data from ANMs and UPHC and review it to ensure its completeness and accuracy before reporting to HMIS
2. Review performance of UPHC staff and ANMs
3. Give constructive feedback to the UPHC staff and the ANMs to rectify identified problems and support them to improve.

ANM/ ASHA

1. Plan household visits, based on the data and report to the ASHA facilitator or to the appropriate higher official
2. Maintain daily field visit report in the specified reporting format
3. Report every month on the given indicators such as number of clients who obtained FP services from public and private sector.

MONITORING THE USAGE OF FP DATA FOR PROGRAM MANAGEMENT

Monitoring of data usage for program management should be based on the following indicators:

Activities	The following indicators should be reported and reviewed on a monthly and annual basis:	HMIS
	1. Percentage of facilities/ service delivery points (public and private) reporting in the HMIS 2. Percentage of facilities/ service delivery points (public and private) reporting on FP indicators in HMIS 3. Number and percentage of FP acceptors, by method, by facility (public and private) 4. Method-specific percentages of all FP acceptors by facility	For indicators 3-9, monthly facility/ service delivery point report

	5. Number of Fixed Day Static (FDS) service days, by facility 6. Number of clients served per FDS 7. Number of new FP acceptors mobilized by ASHA 8. Number and percentage of Post-Partum Family Planning (PPFP) acceptors, by method 9. Number and percentage of Post-Abortion Family Planning (PAFP) acceptors, by method, by facility 10. Number of service providers inserting IUCD and administering injectable contraceptive	
Human Resources	Percentage of staff positions filled against those planned (reported and reviewed quarterly) 1. Doctors trained on NSV / minilap, facility-wise 2. UPHC-doctors, staff, nurses, ANMs, FP counselors, ASHAs	Monthly facility report
Training/ capacity building	Number of trained staff as reported by the facility (reported and reviewed periodically) 1. Number of trained NSV surgeons 2. Number of trained staff nurses/ANMs in PPIUCD 3. Number of trained doctors in minilap/ laparoscopic female sterilization 4. Number of trained ASHAs on FP 5. Number of trained doctor's/staff nurses on new 6. contraceptive methods	Training database updated periodically
Budget	Percentage of funds utilized against funds budgeted, by the facility (reported and reviewed monthly and annually)	District monthly fiscal report
Accreditation	Number of accredited facilities with various government schemes	For UP - Hausala Sajheedari dashboard; For other states - Monthly report of Department of Health
Commodities and equipment	Contraceptive stock-outs, by method, by month, by facility (reported and reviewed monthly and annually) Equipment available and functional against planned 1. Kelly's forceps 2. IUCD kit 3. NSV kit 4. Minilap kit 5. Laparoscope	Monthly facility indenting format

COST ELEMENTS

The following cost elements are required for an effective data usage and management system. Their PIP codes are provided below for easy reference. A state may already have these elements, but if not, then they should be budgeted in the PIP.

This table is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as using data to effectively manage the FP program.

Cost elements/ PIP Budget Head	FMR Code
HR Personnel Cost	16.6.1; U.16.8.2 & U.16.8.3; U.8.1.10.2
Monitoring & Evaluation: IT based monitoring	U.16.2.1 & U.16.2.2
Computer, Printer, Internet and UPS	16.6.3; 16.6.4; 17.5, 17.6; U.16.7.1.1 till U.16.7.1.3; U.17.1
NUHM office expenses at city level	U.1.3.1; U.5.1.4; U.16.8.2.3; U.16.8.3.3

Source: NHM PIP Guideline, 2018-19

SUSTAINABILITY

Routine HMIS provides the basic data, while the staff who enters the data and does the basic analysis is already in place. If the available data is analyzed and made part of the routine review process where people can see the benefit of analyzing data and using it to make necessary corrections/ adaptations, then the entire process of data collection, analysis and feedback will sustain.

AVAILABLE RESOURCES

1. HMIS – infrastructure format & service delivery format
2. NUHM reporting formats
3. http://hausalasajheedari.in/
4. NHM PIP guideline 2018-19

Disclaimer: This document is based on the learnings collated from Urban Health Initiative (supported by BMGF), Health of the Urban Poor (supported by USAID) and Expand Access and Quality to Broaden Method Choice (EAQ) in Uttar Pradesh (supported by BMGF). This document is not prescriptive in nature but provides overall guidance on how this particular aspect was dealt with in these projects for possible adoption and adaptation.

FOR FURTHER DETAILS, PLEASE CONTACT:

POPULATION SERVICES INTERNATIONAL

1-1640, Chittaranjan Park, New Delhi - 10019